POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	_M_	_CRH_	9/11/w
O.I.P.E. CLASSIFIER		21	9/19/00
FORMALITY REVIEW	SK	835	10/17/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ .... Rejected	N .... Non-elected
= .... Allowed	I .... Interference
— (Through numeral)... Canceled	A .... Appeal
÷ .... Restricted	O .... Objected

Claim		Date								Claim		Date							Claim		Date						
Final	Original									Final	Original								Final	Original							
	1	✓									51									101							
	2	✓									52									102							
	3	✓									53									103							
	4	✓									54									104							
	5	✓									55									105							
	6	✓									56									106							
	7	✓									57									107							
	8	✓									58									108							
	9	✓									59									109							
	10	—									60									110							
	11	—									61									111							
	12	—									62									112							
	13	—									63									113							
	14	—									64									114							
	15	—									65									115							
	16	—									66									116							
	17	✓									67									117							
	18	÷									68									118							
	19	÷									69									119							
	20	÷									70									120							
	21	÷									71									121							
	22	÷									72									122							
	23	÷									73									123							
	24	÷									74									124							
	25	÷									75									125							
	26	✓									76									126							
	27	✓									77									127							
	28	✓									78									128							
	29	✓									79									129							
	30	✓									80									130							
	31	✓									81									131							
	32	✓									82									132							
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	47										97									147							
	48										98									148							
	49										99									149							
	50										100									150							

If more than 150 claims or 10 actions
staple additional sheet her

(LEFT INSIDE)